

CLAIMS ONLY							Application Number <b>09/886515</b>		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	9										
Total Depend	41										
Total Claims	50										
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100											
Total Indep	3										
Total Depend	12										
Total Claims	15										

$$\begin{array}{r} 15 \\ 50 \\ \hline 65 \end{array}$$